MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582063

FILING DATE

APPLICANT(S)

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| TOTAL DEP. | 14 | ← | 12 | ← | | 4 |] | TOTAL DEP. | | — | | 4 | | ← |
| TOTAL CLAIMS | 16 | | 14 | | | | | TOTAL CLAIMS | | | | | | |
| PTO - 136 | 60 (REV. 11/0 | 14) | · · · · · · · · · · · · · · · · · · · | | | | | | | | RTMENT of C Frademark O | COMMERCE | | |

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